

471-000-106 Instructions for Completing Form MILTC-4B, "Notice and Authorization for Personal Assistance Services"

Use: Form MILTC-4B, "Notice and Authorization for Personal Assistance Services," is used by local office staff to notify the client and provider of authorization for services based on the assessment and service plan.

Number Prepared: Form MILTC-4B is completed by local office staff and copies sent to the client and provider(s).

Completion: Local office staff complete Form MILTC-4B as follows:

- Enter the date, client's name and address in the top section.
- Enter the client's name, Medicaid Number, provider's name and telephone number.
- Enter the dates of the authorization and the number of hours per week being authorized.
- Sign the authorization and provide telephone number.
- Enter the provider's name.

Distribution: Local office staff retain Form MILTC-4B in the client's case file and provide copies to the client and provider(s).

Retention: Local office staff retain Form MILTC-4B as a permanent part of the client's case record.

**Notice and Authorization
For Personal Assistance Services**



DATE: _____

Client: _____

This form is an authorization to provide personal assistance services:

For: Client _____

Client's Medicaid Number _____

By: Provider _____

Provider's Telephone Number _____

This authorization will be in effect from _____ through _____
Date Date

This authorization will be for not more than _____ hours per week based on the client's Assessment and Service Plan. The schedule for services will be determined by the client. The client and the provider will make arrangements directly as to the specific service requirements based on client's assessment and service plan. Billings must be completed in compliance with the provisions outlined in the Provider Agreement. The case manager must be notified if a client does not receive services for five consecutive days.

Signature - Case Manager _____

Case Manager's Telephone Number _____

Provider: _____
